

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 27-DEC-2011		TIME 15:50:00		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE 290		4. BEAT/OCCUR 0413																																												
	5. POSITION 9171		6. LAST NAME WHITEHEAD		7. FIRST NAME WILLIE G		8. STAR NO. 1358		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE [REDACTED]		12. HT. 506		13. WT. 155																																					
	14. DATE OF APPT 26-DEC-1989		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 004 0410		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																											
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. E		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 508		27. WT. 160																																							
	28. ADDRESS 60617		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																													
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? DR. BAIG				34. BY WHOM? DR. BAIG		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																															
36. CHARGES PLACED 720 ILCS 5.0/12-3.2-A-1																		37. CB NO. [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>																																
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE																																									
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		OTHER [REDACTED]		FLED <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER CLENCHED FIST		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		OTHER [REDACTED]		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		OTHER [REDACTED]		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		WEAPON <input type="checkbox"/>		OTHER [REDACTED]																											
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		ARMBAR <input type="checkbox"/>		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER [REDACTED]		OPEN HAND STRIKE <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		OC/CHEMICAL WEAPON <input type="checkbox"/>		CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER [REDACTED]		ELBOW STRIKE <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		OTHER [REDACTED]		KNEE STRIKE <input type="checkbox"/>		KICKS <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/>		OTHER [REDACTED]	
	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]																		40. ADDITIONAL INFORMATION OFFENDER BACKED UP TO WALL AND ASSUMED FIGHTING STANCE																																			
WEAPON DISCHARGE INCIDENT	39. DNA <input type="checkbox"/>		POSITION		STAR NO.		UNIT		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER DART ID NO. C31013T7R		50. WEAPON SERIAL No. (include Letters) X00-570697		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.																					
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																															
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																															
CASE INFO.	70. ELEMENT NO.		71. R.D. NO.		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																													
	73. REPORTING MEMBER (Print Name) WHITEHEAD, WILLIE G		STAR/EMPLOYEE NO. 1358		SIGNATURE [REDACTED]		27-DEC-2011 19:50:38																																															
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) MILMINE, KEITH A		STAR NO. 407		SIGNATURE [REDACTED]		DATE REVIEWED 27-DEC-2011 20:08:38		TIME																																													
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																																																					

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL; OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the available information, I have concluded that the member's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

MILMINE, KEITH A

SIGNATURE

DATE COMPLETED

TIME

27-DEC-2011 20:09:46

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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